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| NOTICE OF APPEAL FROM THE EXAMINER TO | Docket Number (Optional) |
|--|---------------------------------------|
| THE BOARD OF PATENT APPEALS AND INTERFERENCES | 04393/0202300-US0 |
| In re Application of Kunihiro Ohta et al. | |
| Application Number | Filed |
| 10/522,644-Conf. #7488 | February 28, 2005 |
| For METHOD OF ENHANCING HOMOLOGOUS RECOMBINATION OF SOMATIC CELLS AND METHOD OF CONSTRUCTING SPECIFIC ANTIBODY | |
| Art Unit | Examiner |
| 1633 | M. G. Leavitt |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1) \$ 540.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-0100 X A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | |
| X A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC, CREDIT CARD INFORMATION SHOULD NOT | |
| BE INCLUDED ON THIS FORM, PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038. | |
| applicant /inventor. | Shilps Sole |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | Shilpa V. Patel Typed or printed name |
| x attorney or agent of record. | |
| Registration number 57,983 | (212) 527-7700 |
| attorney or agent acting under 37 CFR 1.34. | Telephone number |
| Registration number if acting under 37 CFR 1.34. | January 23, 2009 Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| *Total of1 forms are submitted. | |